



## Victim Compensation Program Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board  
PO Box 3036, Sacramento, CA 95812-3036  
Or fax to: 916-323-5768 Attn: Government Claims

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

TITLE	QUANTITY					
	5	25	50	100	300	500*
<b>GOVERNMENT CLAIMS INFORMATION</b>						
GOVERNMENT CLAIMS GENERAL INFORMATION BROCHURE						
GOVERNMENT CLAIM APPLICATION						
FEE WAIVER REQUEST FORM						
PC 4900 CLAIM FORM (ERRONEOUSLY CONVICTED FELON)						
MISSING CHILDREN REWARD PROGRAM BROCHURE/APPLICATION						
<b>OTHER</b>						

**NO CHARGE FOR MATERIALS, SHIPPING OR HANDLING.**

\*ANY REQUESTS OVER 500, PLEASE CALL 1 (800) 955-0045 or EMAIL [gcinfo@vcgcb.ca.gov](mailto:gcinfo@vcgcb.ca.gov).

You may also visit our website at [www.victimcompensation.ca.gov](http://www.victimcompensation.ca.gov) to download many of these publications.\